

NF06*
Form
DCOP

Health Information and Quality Authority
Alleged or confirmed abuse of a resident†



Section 1. Centre details

Centre name

Centre ID (OSV)

Unit or ward name
(if applicable)

Section 2. Resident's details

Residents unique identifier†

Is this resident under the age of 18?

Yes No

Describe the current **status of the resident**, such as physical or mental state:

* Please complete this form with the Authority's statutory notification guidance. You can download the guidance at www.higa.ie

† As defined in the Authority's statutory notification guidance.

Section 2. Resident's details

Has an NF06 form been submitted for this person in the past 12 months?

Yes No

If **yes**, how many NF06 forms have been previously submitted?

Section 3. Details of the allegation

Date of alleged abuse

Time of alleged abuse

Who **reported** the alleged abuse? Please select one of the following options:

Staff Resident Relative Visitor Other

Date allegation was reported

Time allegation was reported

Role of the person who the allegation was reported to?

What **type** of abuse has been alleged?
Please tick the relevant box or boxes

- Physical
- Sexual
- Psychological
- Financial or material
- Neglect
- An act of omission
- Discriminatory
- Institutional violence
- Violation of personal integrity
- Other

Section 3. Details of the allegation

If you have ticked **other**, please provide details:

Who is the person alleged to have abused the resident? Please tick the relevant box or boxes	Nursing staff	<input type="checkbox"/>
	Care staff	<input type="checkbox"/>
	Administrative staff	<input type="checkbox"/>
	Visiting consultant	<input type="checkbox"/>
	Relative	<input type="checkbox"/>
	Friend	<input type="checkbox"/>
	Volunteer	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>
Other	<input type="checkbox"/>	

If you have ticked **other**, please provide details:

If you have identified a staff member , is the employee currently reporting for duty?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please **provide details** of alleged abuse and immediate actions taken including:

1. actions taken with the **resident**.
2. actions taken with the **person** the allegation has been made against.

Section 4. Additional information

Please state the measures you have taken to ensure that **all** residents are safe:

Please state if you have notified the **resident's family** of the alleged abuse and provide details:

Please state if you have notified **An Garda Síochána** of the alleged abuse and provide an outline of the investigation:

Section 5. Declaration

I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.

Name (print)	
Position	Person in charge <input type="checkbox"/>
	Other <input type="checkbox"/>
If you ticked other , please specify your role in the designated centre	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form is through the [HIQA Portal](#).

Should you wish to continue in hardcopy, please return the completed, signed form by email to notify@hiqa.ie or by post to:

Notifications Team
Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Tel: 01 814 7400